GP/3673

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

MAY 0 7 2002

Application of	)
	) Examiner: **Sunil Singh**
John E. Mercer	)
	) Art Unit: **3673**
Serial No: **09/898,989**	)
	) Attorney Docket: **DCI-15C2**
Filed: **July 3, 2001**	)
	) Date: **April 29, 2002**
For: BORING TOOL CONTROL USING	)
REMOTE LOCATOR	)

CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Assistant Commissioner of Patents, Washington, D.C. 20231 on **April 29, 2002**.

Signed: _____

Jay R Beyer

ASSISTANT COMMISSIONER OF PATENTS
Washington, D.C. 20231

SIR: Transmitted herewith is an Amendment for the above application.

X Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established
X No additional fee is required.
X **Postcard included**

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		NON- SMALL ENTITY	
	Claims Remaining		Previously Paid For	Present Extra	Rate	Additional Fee	Rate	Additional Fee
Total Claims	*66	Minus	**58	8	x 9	$ 72	x 18	$
Indep. Claims	*6	Minus	***6	0	x 42	$	x 84	$
First Presentation of Multiple Dependent Claim(s)					+140	$	+280	$
					Total	$72	Total	$

* If the entry in Col. 1 is less than the entry In Col. 2, write "0" in Col. 3.
** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

X A check in the amount of $ **72.00** is attached for presentation of additional claim(s).
_____ Applicant(s) hereby Petition(s) for an Extension of Time of _____ month(s) pursuant to 37 C.F.R. § 1.136(a).
_____ A check for $_____ is attached for processing fees under 37 C.F.R. § 1.17.
_____ Please charge my Deposit Account No._____ the amount of $_____.
   A duplicate copy of this sheet is enclosed.
X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. **19-1685** (Order No. **DCI-15C2**) (a **duplicate copy of this sheet is enclosed**):
   X Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of extra claims.
   X Any extension or petition fees under 37 C.F.R. § 1.17.

Respectfully submitted,

Jay R Beyer
Registration No. 39,907

RECEIVED

MAY 1 0 2002

GROUP 3600

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